



**WEST KELOWNA,  
PEACHLAND & LAKE COUNTRY  
COMMUNITY POLICING  
VOLUNTEER APPLICATION**



Surname:	First:	Middle:	Sex:	Marital Status:
Street Address:		City:	Postal Code:	
Date of Birth: (Y/M/D)	City & Province of Birth		Maiden/Other Surname:	
Home Phone:	Business Phone:	May we call your work: [ ] Yes [ ] No	Email Address:	
If address is <b>less than 5 years</b> , list previous addresses:				
		From:	To:	
		From:	To:	
Driver's Licence #	Province of issue:	Have you ever been convicted of a criminal offence? [ ] Yes [ ] No		
Employer:		Occupation:		

I hereby give permission to the RCMP to obtain all information necessary to qualify me as a volunteer with the RCMP Volunteer Program that I am applying for. It is understood that the RCMP will have final authority in the approval or rejection of the application. This decision will be final. I may request an explanation for the decision but, depending on the circumstances, the criteria and method of arriving at the decision may not be subject to disclosure.

Applicant's Signature:	Date:
------------------------	-------

<b>ALL OTHER RESIDENTS IN APPLICANT'S HOME: (spouse, children, etc.) CHECK IF NONE: [ ]</b>				
Spouse's Surname:	First Name:	Middle Name:	CPIC	CNI
Maiden Name:				
Date of Birth: (Y/M/D)	City & Province of Birth:	Driver's Licence #:	PIRS	MVB
Last Name:	First Name:	Middle Name:	CPIC	CNI
Date of Birth: (Y/M/D)	City & Province of Birth:	Driver's Licence #:	PIRS	MVB
Last Name:	First Name:	Middle Name:	CPIC	CNI
Date of Birth: (Y/M/D)	City & Province of Birth:	Driver's Licence #:	PIRS	MVB

List two (non-related) references:

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

SHADED AREAS FOR RCMP USE ONLY
Date Received:

**VOLUNTEER APPLICANT INFORMATION**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Can we call you at work: Y [ ] N [ ] Cell Phone: \_\_\_\_\_

Have you previously worked in a volunteer program: Y [ ] N [ ]  
 Are you currently employed: Y [ ] N [ ]  
 Describe any work related experience: (include employment, clubs, organizations, hobbies, volunteer programs)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EDUCATION SKILLS: (Please check where applicable) University [ ] High Schools [ ] Other: \_\_\_\_\_

<u>Computer Skills</u>	<u>Languages</u>
Typing/keying [ ]	_____ Speak fluently [ ] Read [ ] Write [ ]
Spreadsheets [ ]	_____ Speak fluently [ ] Read [ ] Write [ ]
Programming [ ]	
Other: _____	
<u>Public Speaking</u> [ ]	<u>Teaching/Training</u> [ ]
<u>Accounting</u> [ ]	<u>Law/Legal</u> [ ]

Any other skills you may feel relevant: (i.e. courses, boating, photography, writing, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you willing to work on projects situated away from the community policing office: Y [ ] N [ ]  
 Are you willing to sign a commitment for a one year period and work the minimum hours and take training as required by the program you are signing up for: Y [ ] N [ ]  
 Are there any health or other matters that may limit or affect your ability to work on the Community Policing Program you have selected: Y [ ] N [ ] If yes, please describe.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PREFERRED AREAS OF INTEREST (please check one)

CITIZEN'S PATROL		COMMUNITY OFFICE		OTHER	
West Kelowna		Peachland		Speed Watch	
Peachland				Child ID	
Lake Country					

In case of an emergency, please contact:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_